

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
MS-0607-13	1
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and Contractor named below:
- STATE AGENCY'S NAME
California Department of Aging
- CONTRACTOR'S NAME
County of San Mateo, Department of Health Services
2. The term of this Agreement is July 1, 2006 through June 30, 2007
3. The maximum amount of this Agreement after this amendment is: \$857,000.00
Eight hundred fifty seven thousand dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

This amendment increases the total dollar amount of this contract.

This increase is needed to mitigate rising costs of doing business.

Exhibit B, pages 6 and 7, are hereby deleted.

Exhibit B, amendment 1, pages 6 and 7, are attached and incorporated into this Agreement.

Exhibit E is hereby deleted.

Exhibit E, Amendment 1, is attached and is incorporated into this agreement.

The amended budget, and Exhibit E are effective July 1, 2006.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.



CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) County of San Mateo, Department of Health Services		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Jerry Hill, President, San Mateo County Board of Supervisors		
ADDRESS 225 37 th Avenue, San Mateo, California 94403		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Aging		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz, Manager, Contracts and Business Services Section		
ADDRESS 1300 National Drive, Suite 200, Sacramento, California 95834		

EXHIBIT B
Budget Detail and Payment Provisions

SAN MATEO COUNTY			
Amendment 1	MS-0607-13		FY 06-07
LINE ITEM TITLE	FTE	LINE	BUDGET
CARE MANAGEMENT			
Position Title			
SCM	0.400	[1]	\$32,736
SWCM	0.900	[2]	\$66,156
SWCM	0.900	[3]	\$63,522
SWCM	0.900	[4]	\$67,456
NCM	0.900	[5]	\$79,649
NCM	0.900	[6]	\$88,498
NCM		[7]	\$0
NCM		[8]	\$0
NCM		[9]	\$0
CMA		[10]	\$0
CMA		[11]	\$0
CMA		[12]	\$0
		[13]	\$0
		[14]	\$0
		[15]	\$0
		[16]	\$0
		[17]	\$0
		[18]	\$0
		[19]	\$0
		[20]	\$0
		[21]	\$0
		[22]	\$0
		[23]	\$0
		[24]	\$0
		[25]	\$0
Subtotal Care Management Salaries		[26]	\$398,017
Benefits		[27]	\$108,331
Salary Savings		[28]	\$0
TOTAL CARE MANAGEMENT		{29}	\$506,348
ADMINISTRATION/Care Management Support (CMS)			
Site Administrator Salary	0.207	[30]	\$19,367
Fiscal Officer Salary	0.500	[31]	\$41,037
Clerical Support Salaries	0.700	[32]	\$33,358
Data Support Salaries		[33]	\$0
		[34]	\$0
		[35]	\$0
Subtotal Administration/CMS Salaries		[36]	\$93,762
Administration Benefits		[37]	\$25,500
Salary Savings		[38]	\$0
Total Administration/CMS Salaries and Benefits		[39]	\$119,262
Office Supplies/Equipment		[40]	\$0
Library Purchases/Subscriptions		[41]	\$0
Equipment \$300 per Unit or More		[42]	\$0
Recruitment costs		[43]	\$0
Equipment Rental		[44]	\$0
Equipment Maintenance		[45]	\$0
Reproduction, Printing and Copy		[46]	\$0
Communications		[47]	\$0
Postage		[48]	\$0
Consultation/Professional Services		[49]	\$0
Insurance		[50]	\$0
Travel		[51]	\$0
Training without Associated Travel Costs		[52]	\$0
Facility, Rent and Operations		[53]	\$0
Indirect Costs (Indirect Costs/Base) 15% maximum		[54]	\$0
Base = Salaries and Benefits ([29] & [39])	625610.00	[55]	\$0
Temporary Help		[56]	\$0
		[57]	\$0
		[58]	\$0
		[59]	\$0
TOTAL ADMINISTRATION/CMS		{60}	\$119,262
TOTAL WAIVED SERVICES		{61}	\$231,390
BUDGET TOTAL (LINES 29+60+61)		{63}	\$857,000

EXHIBIT E - Amendment 1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
1. CASH GRANT		
10	AGED	SSI/SSP Aid to the Aged – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy persons age 65 or older.
20	BLIND	SSI/SSP Aid to the Blind – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy blind persons of any age.
60	DISABLED	SSI/SSP Aid to the Disabled – Cash assistance program administered by the Social Security Administration, pays a cash grant to needy persons who meet the federal definition of disability.
2. PICKLE ELIGIBLES/20 PERCENT SOCIAL SECURITY DISREGARDS		
***16	AGED	Aid to the Aged-Pickle Eligibles – Persons age 65 or older who were eligible for and receiving SSI/SSP and Title II Benefits concurrently in any month since April, 1977, and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions of the <u>Lynch v. Rank</u> lawsuit.
***26	BLIND	Aid to the Blind-Pickle Eligibles – Persons who meet the federal criteria for blindness and are covered by the provision of the <u>Lynch v. Rank</u> lawsuit. See aid code 16 for definition of Pickle Eligibles.
***66	DISABLED	Aid to the Disabled-Pickle Eligibles – Persons who meet the federal definition of disability and are covered by the provision of the <u>Lynch v. Rank</u> lawsuit. See aid code 16 for definition of Pickle Eligibles.
***NOTE:		This also includes persons who were discontinued from cash grant status due to the 20 percent Social Security increase under Public Law 32-336. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with Section 50247, Title 22, CCR.

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<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
3. IN-HOME SUPPORTIVE SERVICES		
This section has been revised because codes 18, 28, 68 are no longer valid Medi-Cal codes due to the implementation July 1, 2005 of the IHSS Plus Waiver.		
4. MEDICALLY NEEDED, NO SHARE OF COST		
14	AGED-MN	Aid to the Aged-Medically Needy – Persons age 65 or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.
24	BLIND-MN	Aid to the Blind-Medically Needy – Persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.
64	DISABLED-MN	Aid to the Disabled-Medically Needy – Persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No Share of cost required of the beneficiaries.

EXHIBIT E - Amendment 1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
5. MEDICALLY NEEDED, SHARE OF COST		
***17	AGED-MN-SOC	Aid to the Aged-Medically Needy, Share of Cost – See Aid Code 14 for definition of AGED-MN. Share of cost is required of the beneficiaries.
***27	BLIND-MN-SOC	Aid to the Blind-Medically Needy, Share of Cost – See Aid Code 24 for definition of BLIND-MN. Share of cost is required of the beneficiaries.
***67	DISABLED-MN-SOC	Aid to the Disabled-Medically Needy, Share of Cost – See Aid Code 64 for definition of Disabled-MN. Share of cost is required of the beneficiaries.

*****NOTE: As a result of the implementation of the IHSS Plus Waiver, the special program codes of 1F, 2F, and 6F that were paired with the 17, 27, and 67 aid codes are no longer valid Medi-Cal aid codes as of November 1, 2005. MSSP sites are only required to serve clients with the aid codes of 17, 27, or 67 who were active as of November 1, 2005.**

6. AGED AND DISABLED FEDERAL POVERTY LEVEL PROGRAM

1H	AGED	Aged persons who, due to their income levels, would normally be included in the Medi-Cal Share of Cost population (Aid Code 17). Under this new program, those recipients with a Share of Cost of \$1 to \$326 will be given full scope, no Share of Cost Medi-Cal.
6H	DISABLED	Disabled persons who, due to their income levels, would normally be included in the Medi-Cal Share of Cost population (Aid Code 17). Under this new program, those recipients with a Share of Cost of \$1 to \$326 will be given full scope, no Share of Cost Medi-Cal.

EXHIBIT E - Amendment 1
Multipurpose Senior Services Program Medi-Cal Aid Codes

<u>AID CODE</u>	<u>PROGRAM</u>	<u>DEFINITION</u>
7. INSTITUTIONAL DEEMING		
1X	NO SOC	Multipurpose Senior Services Program Medi-Cal Qualified. Eligible due to application of spousal impoverishment rules.
1Y	SOC	Multipurpose Senior Services Program Medi-Cal Qualified. Eligible due to application of spousal impoverishment rules. Share of cost is required of the beneficiaries. These recipients are identified apart from the regular Medi-Cal SOC population by the Special Program Aid Code of 1F.
8. CONTINUED ELIGIBILITY - REDETERMINATION		
1E	AGED	Continued eligibility for the Aged - Former SSI beneficiaries who are aged until the county redetermines their eligibility.
2E	BLIND	Continued eligibility for the Blind - Former SSI beneficiaries who are blind until the county redetermines their eligibility.
6E	DISABLED	Continued eligibility for the Disabled - Discontinued SSI beneficiaries who are disabled until the county redetermines their eligibility.
9. CONTINUED ELIGIBILITY - REDETERMINATION		
1D	AGED	Continued eligibility for the Aged - Discontinued IHSS Residual beneficiaries who are aged until the county redetermines their eligibility.
2D	BLIND	Continued eligibility for the Blind - Discontinued IHSS Residual beneficiaries who are blind until the county redetermines their eligibility.
6D	DISABLED	Continued eligibility for the Disabled - Discontinued IHSS Residual beneficiaries who are disabled until the county redetermines their eligibility.